

MDR Tracking Number: M5-04-0277-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 09-03-03. The fee issues were withdrawn by \_\_\_\_, Collections Department at \_\_\_\_ for date of service 09-11-02. Dates of service 08-26-02 through 08-31-02 were not addressed due to not being timely filed in the (1) year deadline after the date of service in the dispute in accordance with rule 133.308 (e)(1).

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic procedure, neuromuscular re-education, office visit, myofascial release, joint mobilization and team conference were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision are hereby issued this 19<sup>th</sup> day of December 2003.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 09-03-02 through 06-12-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19<sup>th</sup> day of December 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/dlh

December 10, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-04-0277-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 49 year-old male who sustained a work related injury on \_\_\_. The patient reported that while at work he was lifting some objects when he experienced a pop in his back and swelling in the left shoulder. The patient underwent an MRI of the left shoulder that showed changes of tendinosis involving the supraspinatus without evidence of rotator cuff tear, moderate osteoarthritic changes of the acromioclavicular joint, and subacromial/subdeltoid bursitis. An MRI of the lumbar spine dated 7/26/02 showed an annular fissure L5-S1; 2mm bulge present at L5-S1, facet joint hypertrophy at L5-S1 and hypertrophy of the facet joint at the L4-L5. Diagnoses for this patient include left shoulder rotator cuff tendonitis and myofascial disease left trapezius.

### Requested Services

Therapeutic procedure, neuromuscular reeducation, office visit, myofascial release, joint mobilization and team conference from 9/3/02 through 6/12/03.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 49 year-old male who sustained a work related injury to his back on \_\_\_. The \_\_\_ chiropractor reviewer also noted that the diagnoses for this patient included left shoulder rotator cuff tendonitis and myofascial disease of the left trapezius.

The \_\_\_\_ chiropractor reviewer further noted that treatment for this patient has included neuromuscular reeducation, myofascial release and joint mobilization. The \_\_\_\_ chiropractor reviewer explained that the patient responded to treatment from 9/3/02 through 6/12/03. The \_\_\_\_ chiropractor reviewer also explained that the patient showed a decrease in pain and an increase in functional capacity. Therefore, the \_\_\_\_ chiropractor consultant concluded that the therapeutic procedure, neuromuscular reeducation, office visit, myofascial release, joint mobilization and team conference from 9/3/02 through 6/12/03 were medically necessary to treat this patient's condition.

Sincerely,